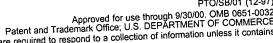


DECLARATION FOR UTILITY OR

PTO/SB/01 (12-97)

SCHENK, Dale B.



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**First Named Inventor** 

DESIGN PATENT APPLICATION (37 CFR 1.63)  Declaration Submitted With Initial  Declaration Submitted Submitt	. • • • • •						
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Declaration Submitted Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)  As a below named inventor, I hereby declare that:  My residence, post office address, and clitzenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patient is sought on the invention entitled:  PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE  the specification of which  (Title of the Invention)  is attached hereto  OR  as United States Application Number or PCT International  Application Number  and was amended on (MM/DD/YYYY)  (if applicable).  Application Number  1 acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application (s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of certificate, or 356(a) of any PCT international application which designated at least one country other than the United States or of any PCT international application having a filing date before that of the application on which priority is claimed. Or any PCT international application having a filing date before that of the application on which priority is claimed.  Prior Foreign Application Number(s)  Filing Date (MM/DD/YYYY)  Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  Thereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application on unbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	PATENT APPI	LICATION					
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with Initial (37 CFR 1.16 (e)) required)  As a below named inventor, I hereby declare that:  My residence, post office address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.  PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE  The specification of which (Title of the Invention)  is attached hereto  OR  was filed on (MM/DD/YYYY)  and was amended on (MM/DD/YYYY)  if application Number  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specificatly referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  Thereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of or any PCT international application having a filing date before that of the application on which priority is claimed.  Prior Foreign Application  Number(s)  Country  Foreign Filing Date  (MM/DD/YYYY)  Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.  Application Number(s)  Filing Date (MM/DD/YYYY)  Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.  Application Number(s)  Filing Date (MM/DD/YYYY)	Joolal allon	Declaration					
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[Page 1 of 2]

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